



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

In re application of: ARONOWITZ et al.

Attorney Docket No.:
01-508/ LSI1P174

Application No.: 10/035,501

Examiner: CHEN, Bret P.

Filed: October 25, 2001

Group: 1762

Title: METHOD FOR GROWING THIN FILMS

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on December 31, 2003 in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signed: _____

Sue Funchess

AMENDMENT A

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated October 3, 2003, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.



Image 1762

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AMENDMENT A TRANSMITTAL

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	17	MINUS	20	0	x 9 =	x 18 = \$-0-
Independent Claims	2	MINUS	3	0	x 43 =	x 86 = \$-0-
Multiple Dependent Claim Present and Fee Not Previously Paid					\$145.00	\$290.00
Total					\$	\$-0-

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 12-2252 (Order No. 01-508/LSIIP174).
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 12-2252 (Order No. 01-508/LSIIP174).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP

Michael Lee

Michael Lee
Reg. No. 31,846

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